

**UNITED STATES BANKRUPTCY COURT
EASTERN & WESTERN DISTRICTS OF ARKANSAS**

**ELECTRONIC CASE FILING SYSTEM
ATTORNEY/PARTICIPANT REGISTRATION FORM**

LIVE SYSTEM

This form shall be used to register for an ATTORNEY ACCOUNT on the U.S. Bankruptcy Court for the Eastern & Western Districts of Arkansas Electronic Case Filing (ECF) System (hereafter “System”). A registered user will have privileges to submit documents electronically, and to view and retrieve docket sheets and documents for all cases assigned to the Eastern & Western Districts ECF system. (NOTE: a PACER account is necessary for access to files and documents. You may register for a PACER account either online at <http://pacer.psc.uscourts.gov/> or by calling 1-800-676-6856).

First/Middle/Last Name: _____

Bar ID#: _____

State of Admission: _____

Firm Name: _____

Mailing Address: _____

Voice Phone Number: _____

Fax Phone Number: _____

Internet E-Mail Address: _____

By submitting this registration form the applicant agrees to adhere to the following rules:

1. This access is for use only in ECF cases filed in the U.S. Bankruptcy Court for the Eastern & Western Districts of Arkansas. It may be used to file and view electronic documents, docket sheets, and reports. NOTE: a PACER account is necessary for this access (see above for registration information).

2. The user's password shall constitute the user's signature. Therefore a user must protect and secure the password. If there is any reason to suspect the password has been compromised, it is the duty of the user to immediately change their login and password. After doing so, the user should contact the ECF Help Desk at (501)918-5590 to report the suspected password compromise.
3. Registration shall constitute a request and an agreement to receive service of pleadings and other papers electronically pursuant to FRBP 9036, where service of pleadings and other papers is otherwise permitted by first class mail, postage prepaid.
4. I understand that by submitting an application for a password I agree to adhere to all of the rules and regulations in the Administration Procedures for Filing, Signing, Maintaining and Verifying Pleadings and Papers currently in effect, and any changes or additions that may be made to such Administrative Procedures.
5. I understand that if I choose to authorize an employee to act on my behalf in communication with the Court to receive my login and password that I am the responsible party and agree to adhere to all of the rules and regulations set forth.

Applicant's Signature

Last 4 Digits of Social Security Number (for security purposes)

Authorized Employee
(Please Type or Print)

Please return this form to the Little Rock office at:

U.S. Bankruptcy Court
Attn: ECF Help Desk
P.O. Box 3777
Little Rock, AR 72203